

## FACSIMILE COVER SHEET

OFFICIAL

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November 14, 2003

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GROUP: 1642

FAX NUMBER: 1-703-872-9306

ATTORNEY DOCKET NO.: DC-0190

SERIAL NO.: 10/089,475

FILED: August 12, 2002

NUMBER OF PAGES: 9  
(including this sheet)MESSAGE: Attached is an Amendment Transmittal Letter (in duplicate) and  
Reply to Restriction Requirement dated October 21, 2003.

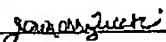
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<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. <b>DC-0190</b>		
Applicant(s): <b>Hamilton and Stanton</b>					
Serial No. <b>10/089,475</b>	Filing Date <b>August 12, 2002</b>	Examiner <b>Stephen L. Rawlings</b>	Group Art Unit <b>1642</b>		
Invention: <b>COMPOSITIONS AND METHODS FOR MODULATING ATP-BINDING CASSETTE TRANSMEMBRANE REPORTER PROTEIN EXPRESSION</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	11 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>November 14, 2003</b>		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>		
CC:					

P11SMALL/REV06

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. DC-0190		
Applicant(s): Hamilton and Stanton					
Serial No. 10/089,475	Filing Date August 12, 2002	Examiner Stephen L. Rawlings	Group Art Unit 1642		
Invention: <b>COMPOSITIONS AND METHODS FOR MODULATING ATP-BINDING CASSETTE TRANSMEMBRANE REPORTER PROTEIN EXPRESSION</b>					
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Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ Signature			Dated: November 14, 2003		
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Correspondence		
cc: _____					

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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. DC-0190
Applicant(s): Hamilton and Stanton			
Serial No. 10/089,475	Filing Date August 12, 2002	Examiner Stephen L. Rawlings	Group, Art Unit 1642
Invention: COMPOSITIONS AND METHODS FOR MODULATING ATP-BINDING CASSETTE TRANSMEMBRANE REPORTER PROTEIN EXPRESSION			
<p>I hereby certify that this <u>Reply to Restriction Requirement</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>November 14, 2003</u> (Date)</p> <p><u>Jaue Massey Licata</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Jaue Massey Licata</u> (Signature)</p>			
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